

## About Your Most Recent VA Hospitalization 1999

Please read each question and fill in the circle that best describes your experience.  
Use blue or black ink pen, or pencil.

### ADMISSION

1. Was your hospital stay an emergency or planned in advance?  
☐ Emergency  
☐ Planned in advance
2. How organized was the admission process?  
☐ Not at all organized  
☐ Somewhat organized  
☐ Very organized
3. During your admission did you get enough information about your medical condition and treatment?  
☐ Yes, definitely  
☐ Yes, somewhat  
☐ No  
☐ Didn't want information
4. Do you feel you had to wait too long before you got to your room?  
☐ Yes, definitely  
☐ Yes, somewhat  
☐ No
5. If you had to wait to go to your room, did someone from the hospital explain the reason for the delay?  
☐ Yes  
☐ No  
☐ Didn't have to wait
6. How would you rate the courtesy of the staff who admitted you?  
☐ Poor  
☐ Fair  
☐ Good  
☐ Very good  
☐ Excellent

### DOCTORS

7. Was there one particular doctor in charge of your care in the hospital?  
☐ Yes  
☐ No  
☐ Not sure
8. When you had important questions to ask a doctor, did you get answers you could understand?  
☐ Yes, always  
☐ Yes, sometimes  
☐ No  
☐ Didn't have questions
9. If you had any anxieties or fears about your condition or treatment, did a doctor discuss them with you?  
☐ Yes, completely  
☐ Yes, somewhat  
☐ No  
☐ Didn't have anxieties or fears
10. Did you have confidence and trust in the doctors treating you?  
☐ Yes, always  
☐ Yes, sometimes  
☐ No
11. Did doctors talk in front of you as if you weren't there?  
☐ Yes, often  
☐ Yes, sometimes  
☐ No
12. How would you rate the courtesy of your doctors?  
☐ Poor  
☐ Fair  
☐ Good  
☐ Very good  
☐ Excellent

#### PAPERWORK REDUCTION ACT STATEMENT

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 22.5 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

#### PRIVACY ACT STATEMENT

The information on this survey is requested by the VHA to assess veteran's perception of satisfaction with VA Healthcare. The information you supply will be confidential and protected by the Privacy Act of 1974 (5 U.S.C. 522a) and the VA's confidentiality statute (38 U.S.C. 5701 as implemented by 38 CFR 1.526(a) and 38 CFR 1.576(b)). Disclosure of information involves releases of statistical data and other non-identifying data for the improvement of services within the VA healthcare system and associated administrative purposes. Participation is voluntary; failure to furnish the requested information will have no adverse effect on any VA benefit to which you may be entitled.

## DOCTORS (CONTINUED)

13. How would you rate the availability of your doctors?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent

## NURSES

14. When you had important questions to ask a nurse, did you get answers you could understand?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ Didn't have questions

15. If you had anxieties or fears about your condition or treatment, did a nurse discuss them with you?

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No
- ☐ Didn't have anxieties or fears

16. Did you have confidence and trust in the nurses treating you?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

17. Did nurses talk in front of you as if you weren't there?

- ☐ Yes, often
- ☐ Yes, sometimes
- ☐ No

18. How would you rate the courtesy of your nurses?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent

19. How would you rate the availability of your nurses?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent

## HOSPITAL STAFF

20. Did you have trouble understanding the provider because of a language problem?

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No

21. Sometimes in the hospital, one doctor or nurse will say one thing and another will say something quite different. Did this happen to you?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

22. Did a doctor or nurse explain the results of tests in a way you could understand?

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No
- ☐ No tests were done

23. Was personal information about you treated in a confidential manner?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

24. Did you have enough say about your treatment?

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No

25. Did your family or someone else close to you have enough chances to talk to your doctor?

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No
- ☐ No family or friends involved
- ☐ Family didn't want or need information

26. How much information about your condition or treatment was given to your family or someone close to you?

- ☐ Not enough
- ☐ Right amount
- ☐ Too much
- ☐ No family or friends involved
- ☐ Family didn't want or need information

**HOSPITAL STAFF**

CONT.

27. Was it easy for you to find someone on the hospital staff to talk to about your concerns?

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No
- ☐ Didn't want to talk/no concerns

28. Did you have enough privacy?

- ☐ Yes
- ☐ No

29. When you needed help eating, bathing or getting to the bathroom, did you get it in time?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ Didn't need help

30. How many minutes after you used the call button did it usually take before you got the help you needed?

- ☐ 0 to 5 minutes
- ☐ 6 to 10 minutes
- ☐ 11 to 15 minutes
- ☐ 16 to 30 minutes
- ☐ More than 30 minutes
- ☐ Never got help
- ☐ Never used call button
- ☐ No call button available

31. When you had pain, was it usually severe, moderate, or mild?

- ☐ Severe
- ☐ Moderate
- ☐ Mild
- ☐ Didn't have pain

32. How many minutes after you asked for pain medicine did it usually take before you got it?

- ☐ 0 to 5 minutes
- ☐ 6 to 10 minutes
- ☐ 11 to 15 minutes
- ☐ 16 to 30 minutes
- ☐ More than 30 minutes
- ☐ Never got pain medicine
- ☐ Never asked for pain medicine
- ☐ Didn't have pain

**HOSPITAL STAFF**

CONT.

33. Do you think that the hospital staff did everything they could to help control your pain?

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No
- ☐ Didn't have pain

34. Overall, how much pain medicine did you get?

- ☐ Not enough
- ☐ Right amount
- ☐ Too much
- ☐ Didn't have pain

35. Sometimes people who are in pain don't ask for pain medication. Was this true for you?

- ☐ Yes
- ☐ No
- ☐ Didn't have pain

36. If you answered yes to question 35, was it because...

- ☐ You were concerned it might be habit forming
- ☐ A patient should expect to put up with some pain
- ☐ You felt it would be a bother if you asked for it
- ☐ No one told you pain medication was available
- ☐ You were concerned about possible side effects
- ☐ You were concerned about what might happen if you mixed pain medications with your other medication
- ☐ Other

37. Did you feel like you were treated with respect and dignity while you were in the hospital?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

38. Did you feel that you were treated like a second class citizen?

- ☐ Yes
- ☐ No

## GOING HOME

**39. Did someone on the hospital staff explain the purpose of the medicines you were to take at home in a way you could understand?**

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No
- ☐ Didn't need explanation
- ☐ No medicines at home

**40. Did someone on the hospital staff tell you about medication side effects to watch for when you went home?**

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No
- ☐ Didn't need explanation
- ☐ No medicines at home

**41. Did someone on the hospital staff tell you about what problems about your illness or operation to watch for after you went home?**

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No

**42. Did someone on the hospital staff tell you what activities you could do after you got home (such as driving, walking up steps, lifting, sex)?**

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No

**43. Did the hospital staff give your family or someone close to you all the information they needed to help you recover after you got home?**

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No
- ☐ No family or friends involved
- ☐ Family didn't want or need information

**44. Did you know who to contact if you needed medical advice or help right away, after you went home?**

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

## OVERALL IMPRESSIONS

**45. How would you rate how well the doctors and nurses worked together?**

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent
- ☐ Don't know

**46. Overall, how would you rate the quality of care you received at the hospital?**

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent

**47. If you could have free care outside the VA, would you choose to be hospitalized here again?**

- ☐ Definitely would not
- ☐ Probably would not
- ☐ Probably would
- ☐ Definitely would

**48. How would you rate your health now?**

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent

**49. Have you ever complained to someone about the care that you got during your most recent hospitalization? (You may choose more than one)**

- ☐ Yes, to a patient representative
- ☐ Yes, to some other official in the medical center
- ☐ Yes, to an official outside the medical center
- ☐ Yes, to a family member or friend
- ☐ Had a complaint but did not report it
- ☐ Had no complaints

**50. If you could change one thing about your stay in the hospital, what would it be?**

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## MENTAL HEALTH SERVICES

**If you have received mental health services during your last hospitalization, please complete items 51 through 76.**

**51. Did you receive any mental health services during your most recent VA hospitalization?**

- ☐ Yes, please continue
- ☐ No, you are done! Thank you!
- ☐ Not sure

**52. Did the VA mental health services help you deal with your problems?**

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No

**53. Were you or someone close to you given any printed material about your illness or medications that was helpful?**

- ☐ Yes, and it was helpful
- ☐ Yes, but it was not helpful
- ☐ No printed material
- ☐ None was needed
- ☐ Not sure

**54. Did you feel safe on your unit?**

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

**55. Were you ever in restraints or seclusion?**

- ☐ Yes
- ☐ No
- ☐ Don't know or can't remember

**56. If you were in restraints or seclusion, was the reason explained to you?**

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ Never in restraints or seclusion

**57. Was an outpatient clinic appointment set up for you before you went home from the hospital?**

- ☐ Yes
- ☐ No
- ☐ Not needed
- ☐ Not sure

**Please answer the next questions about your most recent VA mental health program**

**58. Staff members of the program put a lot of energy into what they did.**

- ☐ True
- ☐ False

**59. Patient members of the program put a lot of energy into what they did.**

- ☐ True
- ☐ False

**60. My program provided training for new kinds of jobs.**

- ☐ True
- ☐ False

**61. My program was a lively place.**

- ☐ True
- ☐ False

**62. In my program they taught us how to deal with practical problems.**

- ☐ True
- ☐ False

**63. Members were proud of the program.**

- ☐ True
- ☐ False

**64. In my program we made detailed specific plans for the future**

- ☐ True
- ☐ False

**65. There was a lot of group spirit in my program.**

- ☐ True
- ☐ False

**66. In my program there was a lot of discussion of what members would be doing after they left the program.**

- ☐ True
- ☐ False

## ABOUT YOUR VA MENTAL HEALTH SERVICES OVERALL

**67. During the past year, was there one person who you thought of as your main VA clinician for mental health care?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**68. In which VA mental health program did you see that clinician? Please choose only one,**

- ☐ Psychiatric Inpatient unit
- ☐ Substance Abuse Inpatient unit
- ☐ Mental health Clinic/Psychiatric Clinic
- ☐ Substance Abuse (Alcohol or Drug) outpatient clinic
- ☐ Other \_\_\_\_\_
- ☐ Not sure

**69. Overall, how long have you known this clinician?**

- ☐ Less than 6 months
- ☐ 6 months to 1 year
- ☐ Over 1 year
- ☐ Not sure

**70. About how often did you have face-to-face contact with this clinician during the past year?**

- ☐ About once a week
- ☐ 2-3 times a month
- ☐ About once a month
- ☐ Less than once a month
- ☐ Not sure

**71. How often did you and this clinician reach a good understanding of the kind of changes that would be good for you?**

- ☐ Always or almost always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never or almost never

**72. How often did you and this clinician work toward goals that you both agreed on?**

- ☐ Always or almost always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never or almost never

**73. How often did you feel that this clinician was able to help you?**

- ☐ Always or almost always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never or almost never

**74. Was your relationship with this clinician very important to you?**

- ☐ Always or almost always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never or almost never

**75. Overall, how often do you feel that you can count on this clinician for help when you need it?**

- ☐ Always or almost always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never or almost never

**76. Overall, how satisfied are you with the results of your work with this clinician over the past year?**

- ☐ Extremely satisfied
- ☐ Moderately satisfied
- ☐ Fairly satisfied
- ☐ Fairly dissatisfied
- ☐ Moderately dissatisfied
- ☐ Extremely dissatisfied
- ☐ Don't know

Please place the completed questionnaire in the envelope we sent you. No stamp is required. Simply place the envelope in any mailbox.

Your answers are important.  
Thank you for completing this question